

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11269 -62-044160

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED NOV 30 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS, MISSOURI

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE b. COUNTY

Missouri

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

4426 Holly

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

WILLIE

Middle

MAE

Last

DUNN

4. DATE
OF
DEATH

Month

Day

Year

NOVEMBER

20

1962

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Oct. 21, 1911

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10b. KIND OF BUSINESS OR INDUSTRY

Dress Factory

11. BIRTHPLACE (City and state or country)

Selma Ala.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Edward Smith

13b. MOTHER'S MAIDEN NAME

Jeanett Hill

14. NAME OF HUSBAND OR WIFE

Eula Jenkins

MAURINE, 46 36

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF PANCREAS

INTERVAL BETWEEN

ONSET AND DEATH

3 1/2 MONTHS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BILATERAL BRONCHOPNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JULY 13, 1962, to NOV. 20, 1962 and last saw her alive on NOV. 20, 1962

Death occurred at 5:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

11/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

Nov. 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wm Smith 4019 Washington

25. DATE RECD. BY LOCAL REG.

NOV 23 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Wm Smith

Licensed Embalmer No. _____

4371

P. O. Address _____

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.